



US Forest Service,
Truckee Ranger District
10811 Stockrest Springs Rd
Truckee California 96161
(530) 587-3558

Temporary Outfitter & Guide Permit Application

For USFS Use Only

Date Received

Initial

Fully Complete

YES

☐

NO

☐

Authority: Federal Lands Recreation Enhancement Act, 16 U.S.C. 6802(h)
(Ref.: FSH 2709.11, section 41.53)

Applicant Information

Applicant Name

Applicant Mailing Address

Applicant Phone #

Applicant Affiliation with Business / School / Non-Profit

Owner

Co-Owner

Main Representative

Business / Organization Information

Business / Club / School / Organization Name

Business Mailing Address

Business Physical Address

Main Contact Phone #

Main Email Contact

Business Website

State of Licensure / Incorporation

Please select all activities you are seeking to provide to the public

<input type="checkbox"/>	RECREATION	<input type="checkbox"/>	BOATING	<input type="checkbox"/>	HUNTING
<input type="checkbox"/>	Day Hiking	<input type="checkbox"/>	Rafting (river)	<input type="checkbox"/>	Deer
<input type="checkbox"/>	Backpacking / Camping	<input type="checkbox"/>	Reservoir	<input type="checkbox"/>	Bear
<input type="checkbox"/>	Equestrian trail rides(day use)	<input type="checkbox"/>	Lake	<input type="checkbox"/>	Cougar
<input type="checkbox"/>	Horse Packing / Camping	<input type="checkbox"/>		<input type="checkbox"/>	Predators
<input type="checkbox"/>	Lama Packing	<input type="checkbox"/>	FISHING	<input type="checkbox"/>	Birds
<input type="checkbox"/>	Mountain Biking	<input type="checkbox"/>	Anadromous	<input type="checkbox"/>	Other
<input type="checkbox"/>	Recreation Shuttles Services	<input type="checkbox"/>	Fly Fishing	<input type="checkbox"/>	
<input type="checkbox"/>	Heli-Skiing	<input type="checkbox"/>	Power Boat Fishing	<input type="checkbox"/>	
<input type="checkbox"/>	Backcountry Skiing (Level 1)	<input type="checkbox"/>	Float Boat Fishing	<input type="checkbox"/>	
<input type="checkbox"/>	Backcountry Skiing (Level 2)	<input type="checkbox"/>	Walk & Wade Fishing	<input type="checkbox"/>	
<input type="checkbox"/>	Snowshoeing	<input type="checkbox"/>	Incidental Fishing	<input type="checkbox"/>	
<input type="checkbox"/>	Avalanche Education Courses	<input type="checkbox"/>	Other	<input type="checkbox"/>	Environmental Education
<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>		<input type="checkbox"/>	General Field Trip
<input type="checkbox"/>	Winter Mountaineering	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Orienteering	<input type="checkbox"/>	OHV / OSV	<input type="checkbox"/>	
<input type="checkbox"/>	Survival Courses	<input type="checkbox"/>	Dirt Bike /Quad	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	4 X 4 Tours	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Snowmobile (Level 1)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Snowmobile (Level 2)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Snowcat Operations	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Other

For Each activity selected, please list the estimated number of trips, number of clients, number of guides and percentage of use on public lands

ACTIVITY	# OF DAYS	# OF CLIENTS	# OF GUIDES	PERCENTAGE OF USE ON PUBLIC LANDS

ADDITIONAL LICENSURE

Does your activity require additional State or Federal licensure? If yes, please attach copies of supporting licensure. *Your application will be considered incomplete without supporting documentation*

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Clarification

QUALIFICATION AND ACCREDITATION

(Applications will be considered incomplete without supporting documentation)

Under FSH2709.11_12.32b /36CFR 251.54(e) (3) *The proponent is required to provide sufficient evidence to satisfy the authorized officer that the proponent has, or prior to commencement of construction will have, the technical and financial capability to construct, operate, maintain, and terminate the project for which an authorization is requested, and the proponent is otherwise acceptable.*

Does your proposed activity involve technical skills in potentially hazardous terrain? *This includes Rafting, Rock Climbing, Backcountry Skiing, Winter Mountaineering, Avalanche Education, Snowmobiling, Snowcat Operations, Heli-Ski Operations, others activities may apply*

YES		NO	
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**Level 1 Backcountry Skiing, Level 1 Snowmobiling, Snowshoeing & similar activities operating in non-technical terrain must show professional level qualifications and ability to recognize hazardous terrain.*

If your proposed activity involves technical skills in potentially hazardous terrain is there a governing organization that provides industry accreditation and qualification standards for the activity?

i.e. - AMGA, IFMGA AIRE, AAA, NSP

YES		NO	
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As the main responsible party listed on this permit application (Check all that apply)

- ☐ I intend to guide and have provided my qualifications with this application.
- ☐ I am a fully qualified guide, accredited through a national recognized governing body
- ☐ I am an aspiring guide, actively working towards full accreditation.
- ☐ My proposed activity does not require accreditation.
- ☐ I will not be guiding but will hire qualified guides and have provided their qualifications with this application.

For proposed activities involving technical skills in potentially hazardous terrain please provide

- Professional resume specific to proposed activities
- Copies of certificates or accreditations for proposed activities

List these attachments

List All Guides who will operate under this potential Special Use authorization, their position within the organization, qualifications and highest level of First Aid qualifications

Guide	QUALIFICATION	TAIL	LEAD	Basic 1 st Aid	Advanc. 1 st Aid	WFR	EMT	Paramedic (Nurse)

Clarifications

First Aid Qualifications and Emergency Response Plan

List your organizations highest level of First Aid qualification?

Your operating plan must address your organizations protocol's for the following topics

- Risk mitigation plan for each activity authorized under a potential Special Use Authorization
- Communication plan for emergency response
- Locations and contact information for Emergency medical facilities located nearest to your activities location

ORGANIZATIONAL EXPERIENCE

As the main responsible party listed on this permit application I am (Check all that apply)

Owner	<input type="checkbox"/>	Co-Owner	<input type="checkbox"/>	Main Representative of larger organization	<input type="checkbox"/>
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YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is this your organizations first Special Use Permit Application with the USFS?

Is this your organizations first Special Use Permit Application with the Truckee R.D.?

Does your organization hold other current USFS Special Use Permits?

Does your organization hold Special Use Authorizations with any State, County, or City entities?

Please list any other Federal/State/County/City Special Use Authorizations your organizations holds

Activity	Permit Granter (Fed/State)	Type (Temp/Perm)	Term (Dates)	Current (Yes/No)	Contact (Agency Rep)

Clarifications

If your organization has held, or currently holds any Federal or State Special Use Authorizations and you received an evaluation, what is the status of your most recent evaluation?

*Please attach a supporting copy of your most current evaluation.

(READ AND COMPLETE CAREFULLY)

As the main responsible party listed on this permit application, have you or the organization you are representing

YES	NO	
		-Been found in non-compliance with the terms and agreements of an existing or previous permit or Special Use Authorization?
		-Received warning of non-compliance with State or Federal regulations relating to your organizations activities?
		-Been convicted or cited for violation of Federal or State Fish & Game laws in <u>ANY</u> state? (Hunting and Fishing applicants only)
		-Had your or your organization's State or Federal guide license or Special Use Authorization suspended or revoked for violations of its terms and agreements in <u>ANY</u> state?
		-In default of any fee's owed from a previous of existing Special Use Permit?

AS the main responsible party listed on the permit application it is your responsibility to know your organizations history. If you answered yes to any of these questions you must attach clarifying documentation.

List clarifying document attachments

This Form is to be submitted in conjunction with Form FS-2700-3f (10/09) OMB No. 0596-0082.
Your application is not complete until the following documents are submitted.

1. FS-2700 Outfitter & Guide Temporary Use Application
2. Truckee RD Supplemental Outfitter & Guide Application (this form)
3. Quote for insurance for proposed activities or proof of existing insurance covering these proposed activities. *(See Insurance requirements attachment)*
4. Certificate of good standing for your business, organization, club, school. Non-profits provide a copy of your IRS form 990
5. Operating Plan with description of proposed activities. (Details provided in FS-2700)
6. Map of area of proposed activities and potential alternative areas *(U.S. Geological Survey quadrangle or equivalent) in electronic format, easily reproducible.*
7. Advertising information
8. Client Charges
9. Client Acknowledgement of Risk Form *(approved by FS)*
10. Guide credentials
11. Resume of operational experience
12. Risk mitigation plan for each proposed activity
13. Emergency Response Plan for each location and proposed activity

Submittal of this application does not imply authorization of your proposed activities. Please refer to the Screening Criteria sheet for questions regarding application review timeline and process. Applications found to be incomplete or lacking critical information will be returned to proponent.

Printed Name: _____ Signature: _____

Date: _____